Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice of	ccurred or is occurring.
1.	EMPLOYER AGAINST WHOM CHARGE IS BROU	GHT
a. Namo of Employer		b. Tel. No.
Honeywell FM&T, LLC		(816)488-1000
,		c. Cell No.
d. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.
14510 Botts Rd, Kansas City, MO	Sean Died!	i. i da ito,
64147	HR Generalist	g. e-Mall) / / - / /
04147	TR Generalist	sdiedel@Kcnsc.doe.go
		h. Dispute Location (City and State) Kansas City, MO
I. Type of Establishment (factory, nursing home,	J. Principal Product or Service	k. Number of workers at dispute location
hotel)		
Federal Contractor	Management and Operations	6300
National Labor Relations Act, and those unfair lab practices are unfair practices affecting commerce	d is engaging in unfair labor practices within the measure practices are practices affecting commerce within within the meaning of the Act and the Postal Reorge of the Act and the Act and the Postal Reorge of the Act and the	n the meaning of the Act, or these unfair labor anization Act.
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)		
Since about September 17, 2021, the Employer has failed to bargain collectively and in good faith with SPFPA Local		
#251, by refusing to abide by the contractual time limits for processing grievances at Step 2 of the grievance		
procedure.		
SPFPA Local #251	ation, give full name, including local name and num	ber)
4a. Address (street and number, city, state, and ZIP code) 14510 Botts, Kansas City, MO 64147		4b. Tol. No.
		4c, Cell No. (b) (6), (b) (7)(C)
		4d. Fax No.
		4e. e-Mail
		(b) (6), (b) (7)(C)
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in whon charge is filed by a labor		
organization)		
DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and bollof.		Tel. No.
		Office, If any, Cell No.
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
(Signature or representative or person making o		Fax No.
-	- '	
Address: 14510 Botts, Kansas City, MC	64147 Date: 9-21-2021	A Mail
7.	64147 Date: 9-21-2021	(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 at saq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.